

United States District Court

NORTHERN DISTRICT OF CALIFORNIA

ARMANDO VINCENT MUNOZ

SUMMONS IN A CIVIL CASE

CASE NUMBER: CV 07-03846 JF

V.

JAMES TILTON, ET AL

TO:

DIRECTOR JAMES TILTON
CA DEPARTMENT OF CORRECTIONS
AND REHABILITATION

P.O. BOX 942883; 1515"S" STREET
SACRAMENTO, CA 94283

YOU ARE HEREBY SUMMONED and required to serve upon PLAINTIFF'S ATTORNEY

ARMANDO V. MUNOZ *K-30296*
CORRECTIONAL TRAINING FACILITY
P.O. BOX 705
SOLEDAD, CA 93960-0705

an answer to the complaint which is herewith served upon you, within **20** days after service of this summons upon you, exclusive of the day of service. If you fail to do so, judgement by default will be taken against you for the relief demanded in the complaint. You must also file your answer with the Clerk of this Court within a reasonable period of time after service.

Richard W. Wisking
CLERK

March 7, 2008
DATE

Gordana Macic
Gordana Macic
(BY) DEPUTY CLERK

U.S. Department of Justice
United States Marshals Service**PROCESS RECEIPT AND RETURN**See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.

| | |
|---|--|
| PLAINTIFF ARMANDO VINCENT MUNOZ | COURT CASE NUMBER C07-03846 JF |
| DEFENDANT JAMES TILTON, ET AL | TYPE OF PROCESS SEE BELOW |

| | | |
|--------------------------------|--|--|
| SERVE ➔ AT | NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN JAMES TILTON, DIRECTOR | |
| | ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) CA DEPARTMENT OF CORRECTIONS AND REHABILITATION P.O. BOX 942883; 1515 "S" STREET SACRAMENTO, CA 94283 | |

| | | |
|--|---|----------|
| SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW: | Number of process to be served with this Form - 285 | 2 |
| ARMANDO V. MUNOZ KK30296 CORRECTIONAL TRAINING FACILITY P.O. BOX 705 SOLEDAD, CA 93960-0705 | Number of parties to be served in this case | 8 |
| | Check for service on U.S.A. | |

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

Fold

Fold

1. SUMMONS AND COMPLAINT
2. ORDER OF SERVICE

| | | | |
|--|---|---|--------------------------|
| Signature of Attorney or other Originator requesting service on behalf of: CORDANA KACIC | <input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT | TELEPHONE NUMBER 408-535-5382 | DATE 3/10/2008 |
|--|---|---|--------------------------|

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

| | | | | | |
|---|---------------|---------------------------------|--------------------------------|--|------|
| I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted) | Total Process | District of Origin No. _____ | District to Serve No. _____ | Signature of Authorized USMS Deputy or Clerk | Date |
|---|---------------|---------------------------------|--------------------------------|--|------|

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

| | |
|--|---|
| Name and title of individual served (if not shown above) | <input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode. |
| Address (complete only if different than shown above) | Date of Service _____ Time _____ am pm |
| | Signature of U.S. Marshal or Deputy _____ |

| | | | | | | |
|-------------|--|----------------|---------------|------------------|--------------------------------|------------------|
| Service Fee | Total Mileage Charges (including endeavors) | Forwarding Fee | Total Charges | Advance Deposits | Amount owed to U.S. Marshal or | Amount of Refund |
|-------------|--|----------------|---------------|------------------|--------------------------------|------------------|

REMARKS: